

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 15-26

TO: Pharmacy Providers

FROM: Claudia Schlosberg, J.D. 
Senior Deputy Director/State Medicaid Director

DATE: July 28, 2015

SUBJECT: Notice to Pharmacies for Medicaid Beneficiaries

This transmittal is issued to reflect the current address of the Department of Health Care Finance (DHCF) and update the previous, Notice to DC Medicaid Recipients.

The Department of Health Care Finance (DHCF) is requiring District of Columbia Medicaid participating pharmacies to prominently post at the point of sale, the Notice to DC Medicaid Recipients found on the DHCF website at www.dhcf.dc.gov. This notice provides specific directions for Medicaid beneficiaries, including those enrolled in a Managed Care Organization (MCO), to follow in instances where they believe payment for a prescription is wrongfully denied.

The notice explains the rights a beneficiary has when a prescription claim is denied by Medicaid, the responsibilities of the beneficiary, the responsibilities of the pharmacists and provides a contact number for the District Medicaid's Pharmacy Benefit Manager Call Center. A beneficiary who continues to believe the claim should be approved by Medicaid may request a Fair Hearing before an Administrative Law Judge.

The notices/signs should be posted in English, Spanish and other languages widely spoken in the District in a conspicuous location within each pharmacy that provides services to Medicaid recipients.

Most prescription "problems" at the point of sale will generally be minor. They can be handled informally and quickly. However, as a Medicaid provider, you are required to direct the beneficiary whose claim has been rejected to the instructions on the posted notice/sign.

If the prescription denial is for a **Prior Authorization requirement**, and it is otherwise valid, the pharmacist must provide the beneficiary with a three (3) day temporary supply unless one of the following exceptions to the three (3) day supply is present:

Exceptions to provision of a temporary supply of medication:

- The attempt to refill is too early;
- The rejection is due to an error that only the pharmacist can correct;
- There are clinical issues that must be resolved;
- The prescription is for a **barbiturate**;
- The prescription is for a **benzodiazepine**;
- The prescription is for a **maintenance narcotic medication (there is already an expedited PA process in place for emergency CII prescriptions)**;
- The individual is not eligible for Medicaid;
- There would be a medical danger, in your professional judgment, if a temporary supply is dispensed.

A pharmacist can use discretion in deciding whether or not to provide the three (3) day supply, when the beneficiary is presenting a new prescription. In that case, the temporary supply should be given if the pharmacist determines there is a potential emergency.

Recipients should not be asked to pay for the three (3) day supply, regardless of whether it is a new prescription or a prescription refill. Pharmacies will be reimbursed for the three (3) day supply, as well as the standard dispensing fee.

As a reminder, instructions for submitting electronic claims for the emergency three (3) day supply for Fee-for-Service (FFS) beneficiaries can be found in the Xerox PBM Provider Manual Payer Sheet. For the Level of Service 418-DI edit, inserting code **03** (Emergency) will allow the pharmacy to bill a three (3) day supply of the medication to DC Medicaid.

If you have any questions or want clarification, please contact one of the DHCF pharmacists:

Charlene Fairfax, RPh	202-442-9076 or Charlene.Fairfax@dc.gov
Gidey Amare, RPh	202-442-5952 or Gidey.Amare@dc.gov

Thank you for your cooperation. We appreciate the professional care and service you provide to all District of Columbia Medicaid beneficiaries.

Attachment

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Department of Health Care Finance**



IMPORTANT NOTICE TO D.C. MEDICAID RECIPIENTS

If you are enrolled in AmeriHealth Caritas DC, MedStar Family Choice, Trusted Health Plan or Health Services for Children with Special Needs (HSCSN) and you did not receive your medication, please contact your health plan at the following number:

- ❖ **AmeriHealth Caritas DC - 1-800-408-7511**
- ❖ **MedStar Family Choice - 1-888-404-3549**
- ❖ **Trusted Health Plan - 1-855-326-4831**
- ❖ **HSCSN - 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)**

If you are enrolled in the D.C. Medicaid Fee-for-Service (FFS) Program and you did not receive your medication, please call the Xerox Call Center at 1-800-272-9679. You can also ask your Pharmacist to give you a 3-day supply of medicine to avoid treatment interruption.

Please give the Pharmacist an opportunity to answer your questions and resolve your concerns. If you still have questions and/or concerns after speaking with the Pharmacist, call the Xerox Call Center at 1-800-272-9679.

You may also request a Fair Hearing if you believe your request or medication has been wrongfully denied, reduced, or not acted upon promptly, or if you believe you are entitled to a hearing. To request a hearing, visit or write to the **Office of Administrative Hearings**, 441 4th Street, NW, 4 North, Washington, DC 20001.



DC Department of Health Care Finance
441 4th Street, NW, Suite 900 South
Washington, DC 20002 (202) 442-5988

Xerox Call Center (1-800-272-9679)